

COVID-19 Parent Application for Financial Assistance for Emergency School-Age Family Support Program October and November Program

You can receive free emergency child care for the months of October and November 2020 (subject to the availability of funds) if your school-age child is attending a licensed child care center or home or registered community-based organization for remote learning as a result of the COVID-19 crisis AND you have a household income below the allowed limit. Please complete and sign this application in order to request financial assistance for child care.

**Children are considered school-age if they were 5 years of age on or before August 31, 2020.*

PLEASE FILL OUT AND SUBMIT THIS FORM DIRECTLY TO YOUR CHILD CARE PROVIDER.

I. Parent/Caregiver Information:

Legal Name:

FIRST

MIDDLE

LAST

SUFFIX

Household Street Address:

Apt/Suite #:

THE PLACE WHERE YOU CURRENTLY LIVE

City:

County:

State:

Zip Code:

Mailing Address:

Apt/Suite #:

LEAVE BLANK IF SAME AS HOUSEHOLD ADDRESS

Cell Phone:

Home Phone:

Email:

Date of Birth

II. School-Age Children Information:

List all children for whom you need school-age child care.

	Child First Name	Child Middle Name	Child Last Name	Child Date of Birth
1				
2				
3				
4				

III. I declare that: PLEASE CHECK BOXES BELOW.

- ☐ I am the parent of a school-age child/ren enrolled in a remote learning opportunity in a licensed child care center or home or registered community-based organization.
- ☐ My household has _____ individuals, and my household income is below the income limit based on the number of people in my household (see chart below):

Persons in Household	2	3	4	5	6	7	8
Income Limit	\$33,820	\$42,660	\$51,500	\$60,340	\$69,180	\$78,020	\$ 86,860

*For household size greater than 8 people, add \$4,420 for each additional person starting with the 9th person.

*Households with income above the indicated limits do not need to fill out this form to access care and will be charged full price by the provider.

IV. Voter Registration

Are you registered to vote? ☐ Yes ☐ No If you are not registered to vote where you live now, would you like to apply to register to vote here today?
☐ Yes ☐ No

You can also register to vote online here: English - https://dl.ncsbe.gov/Voter_Registration/NCVoterRegForm_06W.pdf or Spanish - https://s3.amazonaws.com/dl.ncsbe.gov/Voter_Registration/NCVoterRegForm_09W.pdf (If you do not answer the question, you will be considered to have decided **not** to register to vote at this time).

V. U.S. Citizenship Status: SELECT ONE.

- ☐ Child(ren) is a U.S. Citizen
- ☐ Child(ren) is a legal U.S. Non-Citizen (residing in the U.S. legally). This includes Refugee, U.S. Citizen/Naturalized Citizen, U.S. Non-Citizen National, or Documented Alien.
- ☐ I understand that this emergency care will only be provided for the months of October and November 2020.
- ☐ I understand that I may also be eligible for subsidized care based on my income and continued need for care after the Emergency School-age Family Support Program has ended. I will contact my local Department of Social Services to inquire about applying for subsidized child care after the Emergency School-age Family Support Program ends.

SIGNED:

Parent Signature: _____

Date: _____

The information provided is true and accurate, and I have not knowingly made a false statement or misrepresented a material fact, omitted or failed to disclose a material fact, or submitted inaccurate records. I understand that an intentional false statement or representation, omission, or submission of inaccurate records may lead to sanctions or other legal actions.

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